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LAZARUS CORPORATE INDUSTRIES, INC. 800001392968 -01/30/95--01054--028 ****122.50 ****122.50 (Requestor's Name) 890 S.W. 87 AVENUE #16 (Address) MIAMI, FLORIDA 33174 (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY (904)385-6735 CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. E.D. HOME HEALTH CARE TIVE. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2100 Certified Copy Mail out Will wait Certificate of Status Photocopy **NEW FILINGS AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnerskip Name Reservation Reinstatement

Trademark

Examiner's Initials

Other

CR2E031(9/92)

ARTICLES OF INCORPORATION

OF

E.D. HOME HEALTH CARE, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

E.D. HOME HEALTH CARE, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business are objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers: To have perpetual succession by its corporate name;

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ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of $_{100}$ shares, having an individual par value of $_{\$1.00}$

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corpora-

tion shall be:

EUMELIA DUENAS 1020 s.w. 7 st,apt.#3 MIAMI,FL.33130.

The Principal office shall be:

1003 S.W. 8 ST. MIAMI, FL. 33130.

ARTICLE VI

The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as an initial director is:

EUMELIA DUENAS 1020 S.W. 7 ST.APT.#3 MIAMI, FL.33130. The name and address of the incorporator executing these Articles of Incorporation is:

EUMELIA DUENAS 1020 S.W. 7 ST.APT.3 MIAMI,FL.33130.

	IN WITH	ESS WHEREO	F, the u	ndersigned	incorpor	ator h	1 \$
(ve) executed	these Art	icles of	Incorpora	tion this	18th	day
of	January		, 1	9 95			

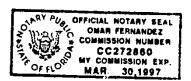
STATE OF FLORIDA)
COUNTY OF DADE)
SS.

Esemelin Questav

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally
appeared known to me and
known by me to be the person(s) who executed the foregoing
Articles of Incorporation, and he (they) acknowledge before
me that he (they) executed those Articles of Incorporation.

> NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

e name and address	of the registered agent	and office is:
	EUMELIA DUENAS	
	(NAME)	
_	1003 S.W. 8 ST.	1020 S.W. 7481.1
(P.C). BOX <u>NOT</u> ACCEPTA	BLE)
	MIAMI, FL. 33130	
	(CITY/STATE/ZIP)	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE <u>Gumilia Queras</u>)

DATE 1-18-95.

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RECOMPASSED TO BOX